



**Kentucky Craft Marketing Program
FY 2005 Product Development Grant Application
Part One: Applicant Information**

Postmark Deadline: First of any month for consideration that month

Eligibility: Applicant must be a juried participant of the Kentucky Craft Marketing Program (KCMP) or Kentucky Arts Council Visual Arts at the Market (VAAM) Program, and have active wholesale marketing experience.

There are three parts to the application: Applicant Information, Narrative, and Retail Partner Agreement.

Applicant Information

1. First Name	_____
2. Last Name	_____
3. Business Name	_____
4. Mailing Address	_____
5. City	_____
6. State	_____
7. Zip Code - Plus 4	_____
8. County	_____
9. Phone Number	_____
10. Second Phone Number (optional)	_____
11. Fax Number	_____
12. E-mail Address	_____
13. Web Address	http://_____
14. Social Security Number or FEIN	_____
15. Legislative District Number of Applicant (as determined by applicant's mailing address):	
KY House District #:	_____
KY Senate District #:	_____
U.S. Congressional District #:	<input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> #4 <input type="checkbox"/> #5 <input type="checkbox"/> #6
Senators:	Jim Bunning (R) / Mitch McConnell (R)

If you do not know your Kentucky Senate District, House District, or U.S. Congressional District numbers, please refer to www.vote-smart.org, or call your County Clerk's office for this information.

16. Grantee Race/Ethnicity: Choose the box(es) that best represent(s) your race/ethnicity. Select **ALL** that apply.

<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Other _____
<input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> Black/African American	
<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> White	

KAC Staff Use Only		
1. FY:	7. Grantee Race:	13. AIE Percent: N/A
2. App#:	8. # Youth Benefit: 0	AIE Description: N/A
3. AppID#:	9. Project Disc: 07	14. Proj. Descriptors: N/A
4. App.Status: 01	10. Activity: 15	15. Date Rec'd:
5. App.Institution: 01	11. Project Race: 99	
6. App. Discipline: 07	12. Grant Program: PD-CMP	



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Part Two: Narrative

Please provide the Narrative on a separate sheet of paper. Retain these guidelines for your records.

Please respond to each of the Review Criteria on two, 8 ½ x 11, single-sided pages or less. Make sure that your narrative addresses each bulleted item below. Your application will be reviewed on the following performance expectations.

1. Planning (50%)

- Describe your planning for the proposed product (timeline, resources you will need to put into production, i.e., employees, capital, equipment, etc.)
- Describe your business plans and goals for the next year, i.e., sales goals, new employees, marketing, financing, etc.
- Describe how you will evaluate the success/progress of this project, i.e., documentation of sales, interview with retailer/customers, etc.

2. Product (30%)

- Describe the product you will be producing and who initiated the idea.
- Outline the estimated wholesale price and retail price.
- Describe how this product differs from what you are currently producing.
- Describe how this product will benefit the retailer.
- For a visual image, detail the products on which it will be used.
- If you are purchasing equipment, please describe.

3. Retail Partner (20%)

- Describe the retail establishment – name of store, location (city/state), type of store, years in business, type of customer, i.e., tourist/gift, etc.
- Describe your relationship/previous business history with this retailer.

Product Development Grant Application Checklist

- ☐ **Part One: Applicant Information Form**
- ☐ **Part Two: Narrative on Planning, Product, and Retail Partner**
- ☐ **Part Three: Retail Partner Agreement Form**
- ☐ **Retain a copy for your records**

Mail or Fax Completed Application to:

Attn: Product Development Grant
Kentucky Craft Marketing Program
Old Capitol Annex
300 West Broadway
Frankfort, KY 40601-1980

FAX: 502/564-5696



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Part Three: Retail Partner Agreement

Applicant: Please complete this form and have your Retail Partner sign and date.

This application is for (Applicant name): _____

Retail Partner Name: _____

Business Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Business Telephone: _____ **Fax:** _____

E-mail: _____ **Website:** _____

Tax ID #: _____

It is my intent to work with the above applicant on the product described on this application and to place an order for the product based upon its final presentation and wholesale price, within the next calendar year.

I agree to work with the above-named business, and to communicate and provide feedback to the Kentucky Craft Marketing Program, upon request.

Retail Partner Signature: _____ **Date:** _____

Applicant Agreement:

I have read the guidelines for the Product Development Grant, and certify that the foregoing statements and enclosures are true and complete to the best of my knowledge. I agree to communicate the progress of the development of this product to the Craft Marketing Program, as requested.

Applicant Signature: _____ **Date:** _____